

Boland Eye Center P.C. Application for Employment

Personal Information. Print all answers, accurately and completely. Date: _____

Name: _____ Social Security #: _____
First Middle Last

Address: _____
Street City State Zip

Phone number: _____ Are you 18 years old or older?: Yes _____ No _____

Email Address: _____

Are you either a U.S. Citizen or an Alien authorized to work in the United States?: Yes _____ No _____

Employment Desired (Must fill in desired amount)

Position applied for: _____ Date you can start: _____ Salary desired: _____

Are you employed now?: _____ If yes, may we inquire of your present employer? _____

Have you ever applied to this company before?: _____ If yes, when?: _____

Are you related to any officer or employee of this company? _____ If yes, whom? _____

How did you come to apply?: _____

Education Record

	Name and Location	# of Years attended	Did you graduate?	Degree
High School				
College				
Other				

General

List professional certificates and achievements: _____

What foreign languages do you speak? _____

Special skills: _____

U.S. Military Service?: _____ Branch: _____ Rank at discharge: _____

Present member of National Guard or Reserves?: _____

Professional References

Give the names of three persons who supervised you.

Name, Address and Phone number	Business/Title	Years Acquainted
1 _____ _____ _____ Phone: () -		
2 _____ _____ _____ Phone: () -		
3 _____ _____ _____ Phone: () -		

OVER

Former Employers (List below the last three employers, starting with the most recent one first)				
Date Month & Yr	Name and Address of Employer	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				

Which of these jobs did you like the best?: _____

What did you like most about this job?: _____

Unemployed Intervals		
Date Month & Yr	State what you were doing	Name & Phone of person who can confirm (Unrelated to you)
From:		
To:		
From:		
To:		

General

Do you have any physical condition that may prevent you from satisfactorily performing the job for which you are applying?
 YES NO If yes, please explain: _____

Have you ever been convicted of a crime: _____ If yes, give details: _____

In case of emergency, please contact: _____

Name	Address	Phone

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause. I also understand that Georgia is an "At Will" state.

Date Signature

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Hired: _____ Yes _____ No Position: _____ Dept: _____

Start date: _____ Salary/Wage: _____